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(For roster of County Society officers, see last month's issue)

Brucellosis Acquired During Cattle Vaccination

A case of brucellosis in a physician-rancher who accidentally sprayed his face and eyes with vaccine while vaccinating cattle for Bang's disease was recently reported in the *Journal of the American Medical Association* by Dr. Joseph F. Sadusk, Jr., Oakland, Calif., and Alcor S. Browne, Ph.D., and Dr. James L. Born, Berkeley, Calif.

Brucellosis, also called undulant or Malta fever, is a generalized infection with such symptoms as fever, lassitude, weakness, headache, sore throat, and anemia. Bang's disease, its counterpart in animals, leads to abortion among cattle. The disease is usually acquired by man through drinking contaminated milk.

The physician-rancher was using a vaccine containing low-potency living Brucella abortus organisms. The needle accidentally blew off the syringe and the vaccine sprayed on his face.

Thirty-one days after the accident he became ill. Although his symptoms were similar to a common respiratory illness, blood tests verified the diagnosis of brucellosis. He was treated with antibiotics even after discharge from the hospital to prevent a relapse or a chronic subacute form.

Four similar cases of the disease acquired by accidentally spraying the eyes or puncturing the skin with the needle have been reported, the authors said. The cases were all in veterinarians. Two of these also resulted when the needle blew out of the syringe. This indicates the need for using syringes that lock the needles in place, the authors said.

Few cases of accidental infection with Brucella abortus vaccine have been reported, either because they "are truly rare" or because the diagnosis is not ordinarily made since the symptoms resemble common respiratory illnesses. However, physicians should recognize the possibility of such infection and make appropriate laboratory tests.

It is clear that the living Brucella abortus vaccine is "not without its dangers of infection to humans." Therefore, vaccinations of cattle should be done by persons qualified in its use and cognizant of its dangers, the authors concluded.

Researchers Note Exception To Biological Law

A biological law which says that the living body always refuses to produce antibodies against itself —although it does produce them against substances from outside—may have an exception it was reported recently.

Evidence that chronic inflammation of the thyroid gland is caused by this exception to the rule was reported in a recent issue of the *Journal of the American Medical Association* by Dr. Ernest Witebsky and associates of the University of Buffalo School of Medicine and Buffalo General Hospital.

Their findings and method of study might also help reveal the mechanism behind other diseases suspected, but not proved, to occur in the same way, they said. These include certain diseases of the blood known as dyscrasias. The researchers explained that for many years only "foreign" substances from other species were considered as real producers of antibodies.

Although research has indicated it is possible for antibodies to appear which are directed against members of the same species, there has been no proof that this might occur within the same individual.

Now, however, Dr. Witebsky and associates have reported evidence that extract from the thyroid gland can produce this antibody effect "within the same species and even within the same individual under certain experimental conditions."

They succeeded in producing autoantibodies in dogs, rabbits, and guinea pigs by injecting them with their own thyroid extract. The material which apparently caused the reaction was thyroglobulin, a material known to contain antithyroid substances. They also discovered that the injections produced considerable damage to the cell structure of the animals' thyroid glands.

Noting that cell changes among human thyroiditis patients were similar to those among experimental animals, the researchers studied a number of patients with various thyroid gland diseases. Antibodies against thyroid extract were found in 12 patients with thyroiditis but not among those with other types of thyroid disease. Further laboratory tests supported their theory that the antibodies were produced by the individual and were directed specifically against his own thyroid extract.

They said it appears, therefore, that chronic thyroiditis is caused by a slow but constant release of thyroglobulin into the blood stream, where it serves as a constant "depot" for antibody-antigen reactions. No explanation for this release of the thyroglobulin, however, has been found. Ordinarily this material is broken down by enzymes before it leaves the gland.

They said their study meets four requirements for proof of autoantibody formation in disease: (1) Demonstration of circulating, active antibodies; (2) recognition of the specific material against which the antibodies are directed; (3) production of antibodies against the same material in experimental animals, and (4) appearance of cell changes in experimental animals similar to those found in the human disease.

Co-authors of the report with Dr. Witebsky were Noel R. Rose, Ph.D., and Drs. Kornel Terplan, John R. Paine, and Richard W. Egan.

American Medical Association Council Issues Meprobamate Warning

The American Medical Associations' Council on Drugs recently issued a warning about the potential hazards of the tranquilizing drug meprobamate (Miltown, Equanil).

The report in a recent issue of the *Journal of the American Medical Association* said the drug's extensive use since its introduction two years ago has been "based on the assumption that large doses of the drug can be administered with practically no side effects."

However, as the use has multiplied, it has become increasingly apparent that meprobamate is capable of producing "a rather wide variety of side effects and untoward reactions."

The listing of adverse side effects does not necessarily mean that the "usefulness of meprobamate is outweighed by its potential side effects," the report said. It is intended to point out that side effects and untoward reactions "can and do occur and that the drug should be administered with the same discretion" as other drugs.

Hypersensitivity reactions, including skin rashes, itching, shaking chills, and fever, have occurred with sufficient frequency to indicate that these are definite and relatively frequent complications, the report said.

There have been several reports of acute meprobamate intoxication, resulting usually from deliberate swallowing of very large amounts of the drug. None of these attempts at suicide have been successful, but alarming central nervous system symptoms have occurred.

No definite antidote or treatment for overdosage has been devised; therefore it is important to prescribe meprobamate with discretion and in small quantities, if at all, for patients who may have suicidal tendencies, the report said.

There is also evidence that meprobamate possesses habit-forming properties. Withdrawal symptoms, including convulsions, have been observed when the drug has been discontinued after long use. In addition to this physical dependence, psychological dependence with a tendency toward excessive self-medication is "undoubtedly created" in certain patients, the report said. Some patients may also need larger and larger doses to maintain the same tranqualizing effect; the chances of overdosage and acute intoxication are then appreciably increased.

Since the drug is intended primarily for those with emotional instability, the possibility of emotional complications must be recognized for intelligent use of the drug, the report said.

A variety of other side effects, including drowsiness, stomach and intestinal upsets, and muscular reactions, also have been noted.

Children's Sports Need Good Leadership

The value of organized athletic programs for children depends entirely on leadership, which too often is inadequate, a Florida college physical education professor recently said.

Kenneth D. Miller, Florida State University, Tallahassee, Fla., said that children's athletic programs are a "relatively recent phenomenon," but already the organization of leagues in baseball, basketball, football, and other sports for boys as young as six years has become "a commonplace occurrence" in practically every community.

Sports can be "a powerful tool in teaching habits, attitudes, and characteristics of good citizenship, but they can be just as effective in producing negative results," he said in a recent issue of *Today's Health*, popular health magazine of the American Medical Association.

For children's leagues to be successful and valuable to the child, they must have trained leaders who know something about child growth, development, and psychology, who understand the values sought in sports, and who place the welfare of the children "above all other aspects of the program," he said.

Sports activities for elementary school children

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Children's Sports Need Good Leadership

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should consist of activities and competition conducted sanely in terms of childhood activities rather than through adult interests and activities merely scaled down to "youngster size."

The first, second, and third-grader is just not able to play the highly organized adult versions of baseball, basketball, and football. The frustrations that result from his inability to succeed may well make him thoroughly dislike athletics.

A check list, which provides an effective device for evaluating athletic plans for youngsters, has been made up by representatives of the American Association for Health, Physical Education and Recreation, the department of elementary school principals of the National Education Association, and the National Council of State Consultants in Elementary Education.

Its main points are:

1. Are the leaders professionally qualified? Are they interested only in the welfare and happiness of boys and girls, or do they seek personal advantage—publicity, status, or financial gain?

2. Are the proposed sports and other activities appropriate to the age, maturity, skill, stage of growth, and physical makeup of the children?

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Children's Sports Need Good Leadership

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3. Will there be adequate safeguards for health and well-being? These include adequate equipment, adjustments in playing time and other rules, competent coaching and officiating, reasonable schedules in terms of frequency and time of day, hygienic provisions, and strictly limited and safe travel with responsible adults.

4. Is the program free of undesirable publicity and promotion? Will the participants be free of unnecessary and undesirable pressures and overstimulation?

5. Will the participants have time for other activities or will they spend all their time "learning to be defensive halfbacks?"

California MEDICINE

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CALIFORNIA LICENSED PHYSICIAN SURGEONS WANTED: Contact us for registration forms and information on our many excellent opportunities in California. Outstanding openings in GENERAL PRACTICE, INDUSTRIAL AND THE SPECIALTIES . . . associations, assistantships, groups, locations for private practice in NORTHERN, CENTRAL AND SOUTHERN CALIFORNIA. PACIFIC COAST MEDICAL BUREAU agy., 703 Market Street, SAN FRANCISCO, or 510 West Sixth Street, LOS ANGELES.

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WANTED E.N.T. MAN—by Southern California Group of 14 specialists serving city of 90,000—15 miles from Los Angeles. Immediate percentage participation. Senior Partnership in two years. J. A. Woodruff, 10720 South Paramount Boulevard, Downey, California.

WANTED: Associate for busy EENT Specialist. Liberal financial arrangement. SE area, Los Angeles. Excellent hospital facilities. Opportunity to take over practice within a year. Box 93,605, California Medicine.

GENERAL PRACTICE—ASSOCIATE OR PARTNER. Open staff hospital with excellent facilities. Good schools. Dry climate. A. L. Shackelford, M.D., Box 4397, Avenal, California.

GENERAL PRACTITIONER wanted as associate in a small town and rural area of Central California, to practice in conjunction with General Practitioner, well established in community for past 21 years. New hospital to be completed in this community in 1957. Box 93,590, California Medicine.

GENERAL PRACTITIONERS—EXCELLENT OPPORTUNITIES available in San Francisco, Bay Area, Northern and Southern California, including associations and partnerships with established groups and individual physicians; starting salaries to $1000.00 and up. OVERSEAS ASSIGNMENTS for GENERAL PRACTITIONERS: (a) ADMINISTRATIVE opening for well qualified man to 45—salary to $1900.00, (b) Some Administration with General Practice—age to 40, salary to $1700.00; expenses paid by organization for moving the families in both openings, (c) Association with Alaska group—financial arrangements open. ORTHOPEDISTS: (a) Exceptional opportunity with highly regarded Board Orthopedist, (b) Associations with well established groups. OBSTETRICIAN-GYNECOLOGIST—Exceptional association with outstanding group Southern California for well qualified man to age 35. PSYCHIATRIST, San Francisco Bay Area. For further information please contact NORMA ROHL, THE MEDICAL CENTER AGENCY, SUITE 412-414 (FLOOD BUILDING), 870 MARKET STREET, San Francisco. PLEASE NOTE our NEW ADDRESS. We have moved to larger quarters to accommodate our expanding clientele. Our telephone number is the same—YUkon 2-3412.

EXCEPTIONAL OPPORTUNITY FOR INTERNIST AND SURGEON as independent members of Medical Group in San Joaquin Valley town of 50,000. Box 93,625, California Medicine.

ASSOCIATE WANTED in practice limited to Obstetrics and Pediatrics. Population 40,000, near Los Angeles. Could include Gynecology. Graduating percentage first two years. Full partnership two years, if mutually agreeable. Mountains, desert, and beach areas handy. Desire more time to enjoy them. California license necessary. Box 93,665, California Medicine.

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3,804 New Physicians Licensed in United States

The physician population of the United States increased by 3,804 in 1956, according to the annual report on physician licensure by the American Medical Association's Council on Medical Education and Hospitals.

Actually 7,463 physicians received their first licenses to practice medicine and surgery in 1956. However, 3,659 physicians died during the year. Subtracting this number from the number licensed for the first time leaves a gain of 3,804 in the total American physician population.

The council's 55th annual report appeared in a recent issue of the *Journal of the American Medical Association.*

State and territorial boards issued 14,543 licenses during the year, but 7,080 went to doctors already holding licenses from another state or to men who took examinations in more than one state.

Of the total licenses given, 7,122 were by written examination and 7,421 by interstate reciprocity and other methods. Compared with 1955, a near-record year exceeded only by 1946 and 1954, there was a decrease of 297 in the total number of licenses issued.

Most candidates who received licenses by examination came from the 76 approved four-year medical schools in this country and 11 in Canada. The rest were from foreign schools, unapproved schools, schools of osteopathy, and schools no longer operating. Only 4.5 per cent of the 6,149 graduates of approved American schools failed to get licenses. Most failures occurred among graduates of foreign, unapproved or osteopathic schools.

The greatest number of licenses (1,745) was issued by California. New York issued 1,355. More than 500 each were given in Florida, Illinois, Michigan, Ohio, Pennsylvania, and Texas. South Dakota granted the smallest number—18.

The greatest number of graduates from any one school examined was 231 from the University of Tennessee, a state university. The greatest number examined from a private school was 175 from Tulane University School of Medicine. Twenty-seven schools each had more than 100 of their graduates examined for licensure.

Graduates of the new University of Miami School of Medicine, Coral Gables, Fla., and the University of Puerto Rico School of Medicine appeared before medical examining boards for the first time. All 26 of the University of Miami graduates passed.

Eight other schools also had no failures among their graduates. They are Albany Medical College, Albany, N. Y.; Woman's Medical College of Pennsylvania, the Medical College of South Carolina, the University of California at Los Angeles and San Francisco, and the Universities of Southern California, Washington, and Wisconsin.

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BOOKS RECEIVED

Books received by CALIFORNIA MEDICINE *are acknowledged in this column. Selections will be made for more extensive review in the interests of readers as space permits.*

ATLAS OF CARDIAC SURGERY, AN—Jorge A. Rodriguez, M.D., Assistant Professor of Surgical Anatomy and Research Association, Department of Surgery, University of Mississippi Medical School. W. B. Saunders Company, Philadelphia, 1957. 250 pages, $18.00.

ATLAS OF THE COMMONER SKIN DISEASES, AN—Fifth Edition—Henry C. G. Semon, M.A., D.M. Oxon., F.R.C.P. London—Revised with the Collaboration of Harold T. H. Wilson, M.A., M.D., Cantab., M.R.C.P., D.T.M. The Williams and Wilkins Company, Baltimore, 1957. 375 pages, with 153 plates reproduced by direct color photography from the living subject, $20.00.

CHRONIC ILLNESS IN THE UNITED STATES—Volume 1—Prevention of Chronic Illness—Commission on Chronic Illness. Published for The Commonwealth Fund by Harvard University Press, Cambridge, Massachusetts, 1957. 338 pages, $6.00.

DERMATOLOGIC FORMULARY — Frances Pascher, M.D., Editor, Hoeber-Harper, New York, 1957. 172 pages, $4.00.

DIAGNOSIS AND TREATMENT OF PULMONARY TUBERCULOSIS, THE—Second Edition—Paul Dufault, M.D., Medical Director of the Rutland State Sanatorium, Massachusetts Department of Public Health. Lea & Febiger, Philadelphia, 1957. 426 pages, $9.00.

FOOT TROUBLES—T. T. Stamm, F.R.C.S. The Philosophical Library, 15 East Fortieth Street, New York 16, N. Y., 1957. 122 pages, $4.75.

GYNECOLOGIC SURGERY AND UROLOGY—Thomas L. Ball, M.D., Assistant Professor of Clinical Obstetrics and Gynecology, Cornell University Medical College. The C. V. Mosby Company, St. Louis, 1957. 547 pages, 161 full-page plates, $20.00.

MEDICAL PHYSIOLOGY — Tenth Edition — Edited by Philip Bard, Professor of Physiology, School of Medicine, The Johns Hopkins University. The C. V. Mosby Company, St. Louis, 1956. 1421 pages, $14.00.

METHODOLOGY OF THE STUDY OF AGEING—Ciba Foundation Colloquia on Ageing—Volume 3—G. E. W. Wolstenholme, O.B.E., M.A., M.B., B.Ch., and Cecilia M. O'Connor, B.Sc., Editors for the Ciba Foundation, Little Brown and Company, Boston, 1957. 202 pages, 47 illustrations, $6.50.

PATHOLOGY—Third Edition—W. A. D. Anderson, M.A., M.D., F.A.C.P., F.C.A.P. Professor of Pathology and Chairman of the Dept. of Pathology, University of Miami School of Medicine; Director of Pathology Laboratories, Jackson Memorial Hospital, Miami. The C. V. Mosby Company, St. Louis, 1957. 1402 pages, 1294 illustrations, 11 color plates, $16.00.

PRACTICAL OTOLARYNGOLOGY—Gervais Ward McAuliffe, M.D., F.A.C.S., F.I.C.S., Associate Clinical Professor of Otolaryngology, Cornell University Medical College. Landsberger Medical Books, Inc. Distributed by the Blakiston Division of the McGraw-Hill Book Co., 330 West 42nd Street, New York, 36, N. Y., 1957. 320 pages, $7.00.

PRACTITIONER'S CONFERENCES—Held at the New York Hospital-Cornell Medical Center—Volume 6—Edited by Claude E. Forkner, M.D., F.A.C.P., Professor of Clinical Medicine, Cornell University Medical College. Appleton-Century-Crofts, Inc., New York, 1957. 378 pages, $6.75.

PROGRESS IN PSYCHOTHERAPY—Volume II, Anxiety and Therapy—Edited by Jules H. Masserman, M.D., Professor of Neurology and Psychiatry, Northwestern University; and J. L. Moreno, M.D., New York University, N. Y. C., Grune & Stratton, New York, 1957. 264 pages, $7.50.

(Continued in Back Advertising Section Page 100)

Unusual Reaction to Exercise Found Among College Men

Overstrenuous exercise in fraternity hazings or friendly competition has been singled out as the cause of a mild temporary ailment, resembling a symptom of serious kidney disease, among five male college students.

The condition, which consisted largely of sore muscles and the appearance of red blood cells in the urine, was named "exercise myohemoglobinuria" by Dr. William C. Stahl, Columbus, Ohio, in a recent issue of the *Journal of the American Medical Association.*

Dr. Stahl said he diagnosed the condition in five Ohio State University students after strenuous exercise in friendly competition, in fraternity hazing, or in an attempt to "get into better condition." He said it resembles "march hemoglobinuria," so named because reported cases occurred after marching, strenuous walking or running. This disease, first known in 1881, was always associated with exercising in an erect posture. The Ohio students who developed the condition had been doing sit-ups, push-ups, or other non-erect exercises.

Dr. Stahl said two of his patients developed it after doing more than 150 knee-bends "for fun to see who could do the most." Another student had done about 200 push-ups in an hour to "get into condition," while the other two students had been made to do push-ups, sit-ups and general calisthenics for three nights "for various periods to the point of exhaustion and with no sleep."

Although the illness disappeared in a few days without treatment, the first patient had been hospitalized as soon as he came to the health service, because his symptoms suggested he might have acute glomerular nephritis, a serious kidney disease. Dr. Stahl said the health service staff had "all heard of march hemoglobinuria but none of us among the more recent staff members had seen a case." Only 75 cases are known in medical literature.

The probable cause among the students was breakdown of muscle fibers due to extreme exercise, releasing hemoglobin into the blood stream and then through the kidneys.

Dr. Stahl said he was sure other cases have occurred but not been diagnosed, because of lack of information, or because students did not report it due to "mildness of symptoms or because of the fear of getting into trouble with their fraternities."

"It is interesting to note that all the patients whose cases have been reported in the literature were young, athletic white men. No cases have been reported among women or in any other race . . . ," he said. "It would be interesting to conduct an experiment with a group of college students, male and female, and of different races" to see if the illness could be duplicated.

3,804 New Physicians Licensed in United States

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Foreign school graduates, including both American and foreign-born persons, took 1,783 examinations, with 1,012 passing. This is a slight decrease from the number who passed in 1955. There were 852 foreign-trained physicians who received their first American licenses. Of these, 834 received their licenses by examination and 18 by endorsement of credentials. These physicians represented medical schools in the Philippines, New Zealand, 16 South and Central American counties, 24 European countries, and 13 Asian countries.

The number of licenses issued on the basis of geographical areas were: New England, 407; Middle Atlantic, 1,532; East North Central, 1,437; West North Central, 824; South Atlantic, 1,210; East South Central, 469; West South Central, 624; Mountain, 175; Pacific, 720, and territories and possessions, 65.

Intermediary Home-Town Care

The recent history of the Home-Town Care program indicates clearly that the VA wishes to regain complete control of outpatient care for veterans with service-connected disabilities—many of whom have been receiving treatment from their own physicians during the postwar period (while the VA has been expanding its outpatient facilities). Curtailment efforts have been chiefly directed at intermediary plans since, in these plans, administration was not completely in VA hands. The VA argued that overlapping administration resulted in excessive costs.

Advantages of Intermediary Programs. The eight states (California, Colorado, Michigan, North Carolina, Oregon, South Dakota, Washington, Wisconsin) and Hawaii, which have intermediary plans, feel that this is by far the best method of providing Home-Town Care and have asked the Council on Medical Service to recommend it to other states. Among the advantages named are: (1) This system ensures freedom of choice of physician for the service-connected veteran who receives the care; the VA cannot designate which physicians in the state may treat veteran patients. (2) As a corollary, the veteran may obtain care in his own community, thus providing better continuity of care. Where only a limited number of physicians may provide Home-Town care, the veteran may have to leave his community for treatment. (3) The individual physician is protected, since his contact with the VA is through the intermediary. When negotiations are carried on with the entire medical profession within the state, discussion with the VA is on a more nearly equal basis than when physicians are dealt with individually. (For example, some cases have been reported where, under the "designated physician" system, the VA has assigned a disproportionately large number of cases to doctors who will accept a relatively low fee.) (4) Some states have avoided intermediary plans because they have too few veterans receiving Home-Town Care to make the complications inherent in setting up a third-party arrangement worth while. Today, with Medicare contracts in effect in most states, the intermediary is already in existence and little administrative addition would be required to adapt the same organization to Home-Town Care. (5) The eight states and Hawaii, by acting together, have postponed the VA's curtailment of intermediary plans. Additional states with intermediary contracts would increase the strength of the medical profession in this area and would give firmer control of the medical aspects of the program to the physician.

Expansion of Intermediary Programs. Some state associations have been unaware that Home-Town Care could be provided through an intermediary. At the New York Conference on Veterans Affairs, held recently, much interest was expressed by state

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Intermediary Home-Town Care

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association representatives from states which, at present, have either "direct" contracts or no contracts at all for Home-Town Care. (The VA deals directly with individual physicians in both cases.)

In a letter dated October 24, 1955, Dr. Middleton, the VA Chief Medical Director, stated that intermediary administrative costs amounted to over $350,000 in fiscal year 1955 and added, "It is evident that a more efficient operation would result through elimination of such third party agreements."

In a statement published in the April 1957 issue of *Medical Economics*, on the other hand, Dr. Middleton is quoted as saying, "No authoritative cost studies have been made" on the relative costs of VA and Home-Town medical care.

In January 1957, representatives of the eight states with intermediary plans and Hawaii met in Chicago and decided to take joint action to obtain renewal of the intermediary contracts, which the VA planned to discontinue at the end of the fiscal year. A meeting was arranged with Dr. Middleton, at which he said it was neither the desire nor the

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Sexual Deviation Results From Parents' Attitudes

Most cases of sexual deviation result from unconscious, or even conscious, fostering of such behavior in early life by the parents, two Minnesota psychiatrists said today.

And these parents behave as they do because of the way their own parents acted toward them, Drs. Adelaide M. Johnson and David B. Robinson, Rochester, Minn., said in a recent issue of the *Journal of the American Medical Association.* They also said these parents all have unsatisfactory marital sexual relationships.

Psychiatric treatment of the adult sexual deviant is a "prodigious task," but prevention in the early years is possible, they said. It is up to the family doctor and pediatrician to watch for early signs of deviation and warn and treat both child and parents.

Drs. Johnson and Robinson recommended that the terms "sexual psychopath" and "psychopathic personality with pathological sexuality" be replaced by the more objective terms, "sexual deviant" and "sexual deviation." These terms include any hostile, destructive sexual behavior manifested toward or accepted from others of the opposite or same sex, and all unacceptable forms of overt sexual behavior.

Parental fostering of sexual deviation parallels that in other types of delinquency, they said. An earlier study showed that repeated stealing, arson and vandalism are stimulated by unconscious or occasionally conscious antisocial impulses in the parents. The parents derive unconscious but real gratification from the enactment by the child of impulses socially forbidden the parent.

In the same way, parents derive satisfaction from their children's abnormal sexual behavior, which the parents have encouraged in some way. Direct, hostile sexual misbehavior usually derives from conscious overt parental fostering, while perverse sexual aberrations usually result from unconscious stimulation by a parent.

"In either case, it is clear that parents who so distort their child's psychosexual development are emotionally very confused, badly maladjusted and definitely sick, belying every outward appearance of their stability in the community. All such parents reveal an unsatisfactory marital sexual relationship," they said.

Antisocial behavior of almost any kind may be fostered by vacillation or "double talk" by the parents. For instance: "Fire-setting is prohibited, but if you must light a fire, let us burn papers in the sink." Another form of double talk is the parentally expressed concern for imagined future sexual misdeeds by the child.

"There may be dire warnings of future sexual

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CLASSIFIED ADVERTISEMENTS

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PHYSICIANS WANTED *(Continued)*

OPHTHALMOLOGIST OR EENT for Southern California town, draws from 50,000 people, ideal climate, centrally located. Private practice. Practically guaranteed income to start. Leaving for good reason. Box 93,555, California Medicine.

ORTHOPEDIST WANTED in a building with three (3) other doctors. Pleasant new air-conditioned building located 85 miles from San Francisco in a rapidly growing area. Box 93,595, California Medicine.

PUBLIC HEALTH PHYSICIANS, C.D., V.D., Full time and half time wanted for immediate placement, Los Angeles County Health Department. Salary begins at $755 per month with yearly increases. California P and S M.D. certificate required at time of appointment. Apply: Dr. Gilbert, Health Officer, County Health Department, 241 North Figueroa, Los Angeles 12, California. Acting for the Los Angeles County Civil Services Commission.

MARICOPA COUNTY PUBLIC HEALTH DIRECTOR, $12,000-$15,000. Maricopa County seeks qualified applicants for Public Health Director of the Consolidated County-City of Phoenix Health Department. 120 personnel administer a health program covering 500,000 citizens. *Minimum Requirements:* Medical school graduation, plus internship. Eligible to practice medicine in Arizona. Not less than three years graduate study in Public Health or pertinent full time employment. *Apply:* Wilbur Jenkins, Personnel Director, Maricopa County Personnel Department, 106 South First Avenue, Phoenix, Arizona.

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GENERAL PRACTITIONER—Main interest surgery. Age 45. 20 years practice Middle West. Desires relocation in California. Association or purchase of active practice. California licensed. Box 92,125, California Medicine.

INTERNIST, 34, BOARD QUALIFIED, wishes permanent association with an established Internist or group in California. However, other opportunities, which would include facilities for practicing top flight medicine, and an especial need for an Internist, will be given careful consideration. California license, military duty completed. Personal interview requested. Box 93,615, California Medicine.

INTERNIST: Certified, 31, family, completing military service, January, 1958. Teaching hospital trained. Interested in clinical medicine and cardiology, seeks group, solo, associateship, partnership, or permanent position. No rural, small town, or general practice. Box 93,645, California Medicine.

POSITION WANTED: Age 45—Too young to retire—old enough to desire time with family. Have accumulated average lifetime experience in Ob-Gyn. Seasoned teaching and administrative ability. Good patient rapport. Desire position preferably in mountain area where services needed only nine to ten months annually. California Medicine, Box 93,520.

OBSTETRICS AND GYNECOLOGY: Thirty-five, married, family, Class IV. B.A. University of Utah, 1947. M.D. Northwestern University, 1954. Desire association in Greater Bay Area or in suburbs east of Los Angeles. Will finish training in June, 1958. Licensed in Utah and California. General Practice with heavy Obstetrics welcome. Harold P. Sutherland, M.D., 5122 Congress Avenue, Oakland, Calif.

PEDIATRICIAN—31, Board Eligible, excellent training university centers, Priority IV, married, California license, seeks permanent association with group in desirable community. Available in a few months. Box 93,650, California Medicine.

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Sexual Deviation Results From Parents' Attitudes

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misconduct quite foreign to the child's conscious inclinations. . . . The child senses that he is expected to misbehave sexually. The parent's fantasy that their small child will probably get into sexual trouble during adolescence provides a compelling guide. Unconsciously, the parents gradually maneuver this child into adolescent sexual acting-out," they said.

There may also be actual parental seduction—"the pathological sensual tempting and sexual stimulation"—of the developing child. It may be "as subtle as a caress or as blatant as actual incest." The authors also noted the "disquieting but demonstrable fact" that all degrees of parental seduction of the child occur "more commonly than it is comfortable to contemplate," even in families with "every outward aspect of respectability, decency and conformity with convention."

The parents must be treated as well as the child, they said. Treatment of a child or young adolescent while he is still living with untreated parents yields disappointing results.

Treatment of the adult deviant is "indeed formidable" and should not be started if there is no motivation for treatment, the authors said. This is a frequent occurrence since many deviants lack a feeling of guilt. This lack results from the permissiveness of the parents during the early years of conscience formation.

For these persons, segregation from society may be necessary, since deviants with the ordinarily less physically harmful perversions may unpredictably break through into more destructive action. Such deviants may suddenly become dangerous physically, because of the hate and anger that is involved in their psychiatric problems.

Drs. Johnson and Robinson said the first step in preventing deviation is education of the parents by doctor and pediatrician.

Many well-intentioned parents unwittingly harm their children by their efforts to be "modern" and "hide nothing from the child." The conventional restraints of common modesty respected outside the home are ignored when the children are concerned.

"Dangerously little knowledge has led them to believe that . . . an open approach to sexuality provides an emotionally healthful climate. The resulting multiple forms of bodily exposure may result in unwitting and excessive over-stimulation of the child," they said.

By a few simple questions, the doctor can usually learn of an unhealthy home atmosphere and can counsel accordingly, either by simple and direct discussion with the parents or by referral for competent psychiatric treatment.

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Sexual Deviation Results From Parents' Attitudes

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Such a program holds genuine promise for prevention, "for sparing many children a miserable life outlook, for strengthening the fiber of the public character and for preserving society from an unhappy quota of hurt and violence," they concluded.

Dr. Robinson is associated with the Mayo Clinic at Rochester, and Dr. Johnson, formerly with the Mayo Clinic, is clinical professor of psychiatry at the University of Minnesota.

Identity Mark for "Fainters" Would Help First-Aiders

Some standard type of identification for people with a medical condition likely to cause loss of consciousness in public has been suggested by the editor of *Today's Health.*

"This seems to be one of those good ideas that have practically no opposition and just about the same amount of support," Dr. W. W. Bauer wrote in a recent issue of the American Medical Association's health magazine.

A coordinated and nationwide program by some organization is needed to sell the idea to the public and the medical profession, he said. Police and fire officers and public transportation employees who deal with the public in emergency situations would probably welcome such assistance since it would help them in the proper handling of unconscious people.

"To people who might become unconscious in public such a system of identification might well be a life saver," he said.

A number of devices have been suggested. Diabetics and epileptics are encouraged to carry cards furnished by the diabetes and epilepsy associations. A stamped wallet or an identification bracelet have been suggested.

Any of these methods may be helpful, but a consistent and coordinated method is needed, Dr. Bauer said. One suggested device is a small inconspicuous tattooed code mark that could be put on a concealed part of the body so it would be significant only to the physician and first-aider and would not embarrass the patient by exposure to the casual observer.

First-aiders would then have a clue as to whether they are dealing with cases of diabetes, epilepsy, cardiac attack, shock, fainting or other forms of unconsciousness.

Intermediary Home-Town Care

(Continued from Page 46)

intention of the VA to eliminate intermediary plans. It was agreed that the contracts would be continued, with a few changes, and that a uniform contract would be used, based on the system now in effect in Michigan.

The Committee on Federal Medical Services is, therefore, exploring the possibility of expanding intermediary Home-Town Care in those states interested in and desirous of establishing such a program. Those desiring information on intermediary plans or having comments or suggestions to make in regard to Home-Town Care are requested to write to the Committee, 535 N. Dearborn Street, Chicago 10, Illinois.

—Federal Medical Service Newsletter

California MEDICINE

OFFICIAL JOURNAL OF THE CALIFORNIA MEDICAL ASSOCIATION

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Facts and Fallacies on Industrial Poisoning

CLINTON H. THIENES, *M.D., Ph.D.*, Pasadena

• **Misdiagnosis of diseases as due to industrial poisoning leads to much misunderstanding, higher taxes and insurance rates and "compensation neuroses." It is important to know the concentration of the suspected poison and its specific effects in order to logically indict it as the cause of illness. Examples discussed to illustrate some of the pitfalls of diagnosis in industrial medicine are methylbromide, carbon monoxide, ozone, oxides of nitrogen and of sulfur, hydrogen sulfide, benzene analogs, boron and fluorides.**

THE DIAGNOSIS of industrial poisoning as a cause of disease is frequently erroneously made and is in part responsible for much misunderstanding and for high insurance rates. Chemicals are becoming increasingly important as occupational hazards, new ones are being added each year and the literature is becoming so voluminous that it is difficult even for toxicologists to keep up with information on new compounds or with new information about old compounds. Fortunately, most of the new industrial chemicals are used in a limited number of industries and in industries where an industrial physician or an industrial hygienist is employed. Therefore, a general practitioner or internist or other specialist who is consulted by a worker, more often must consider one of the well known chemicals in differential diagnosis. I have, therefore, chosen for discussion some industrial poisons, whose names and general properties are familiar to most physicians, but which have been associated with mistaken diagnosis of industrial poisoning. Concentration-effect relations of some of them are shown in Table 1.

METHYL BROMIDE

Methyl bromide is used as a fumigant for fruit and nuts to kill eggs and larvae. When it was first used its toxicity was known to experts but apparently not to distributors or users. Hence a number of workers were seriously poisoned. It is a mild local irritant, similar to other halogenated hydrocarbons. It is a central nervous system depressant, causing symptoms similar to alcohol intoxication, but differing from alcohol in that but a few exposures may produce degenerative changes in the central nervous system. It may also cause degenerative

TABLE 1.—*Accepted and Effective Concentrations of Poisonous Gases (Parts per Million)*

Gas	Maximum Accepted Concentration	Minimum Symptoms (Acute)	Pronounced Symptoms (Acute)	Fatal
Ozone	0.1-0.5	1	2-3	10
Sulfur dioxide	5	5	10	400
Hydrogen cyanide	10	20	30	40-60
Nitrogen dioxide	5-10	30	100	150
Hydrogen sulfide	20	....	50	1000
Benzene	50	500	1500 300 (chronic)	
Carbon monoxide	100	400	1000	2000

From the Institute of Medical Research, Huntington Memorial Hospital, Pasadena.

Presented before a Joint Meeting of the Sections on General Practice and Industrial Medicine and Surgery at the 86th Annual Session of the California Medical Association, Los Angeles, April 28 to May 1, 1957.

California MEDICINE

For information on preparation of manuscript, see advertising page 2

EDITORIAL

Mental Health Services

PROVISION for establishing mental health services for the people of California in their own county areas was made by the 1957 State Legislature. The program will go into effect this fall and is expected to redound to the benefit of all the people, whether they be patients or taxpayers.

Passage of this legislation followed two years of extremely active campaigning by many organizations and individuals interested in the mental health of the state. In 1955 some of these interests presented a bill to the State Legislature to set up a system of community mental health facilities. The California Medical Association opposed this measure at that time, for sound reasons which some of the more vociferous proponents of the bill either overlooked or failed to understand. With the present measure about to go into effect, the position of the C.M.A. should be made clear.

In the 1955 measure it was proposed that mental health centers be established, on a county option basis, in all counties with more than a specified minimum population, the county and the state to share in all costs. These centers would have been directed by boards of local residents, appointed locally but subject to approval by the State Department of Mental Hygiene. In other sections as well, the bill provided for supervision by the state of activities which were presumably to be under local control.

It was this bill that the C.M.A. opposed, successfully. C.M.A.'s opposition was based on the fact that there appeared to be too much state control under the measure—that whereas the legislation had been presented to a great many groups and organizations throughout the state as a "home town" program, it became, through numerous provisions in the bill itself, a state mental hygiene measure in which the local interest would seem to be lost.

On top of that, there appeared to be in the 1955 bill the possibility of diverting funds appropriated for the care of the mentally ill into building programs to house the therapeutic activities. There was also a question of the possible staffing of such facilities in light of a shortage of qualified psychiatrists in our state institutions. The alternative to such staffing seemed to be the use of psychologists and psychiatric social workers. If that pattern had been followed, one of medicine's prime objectives in treating the mentally ill would have been lost—namely, the treating of the whole body of a mentally ill person. While psychologists and psychiatric social workers are fully recognized as having a place in the field of psychiatric treatment, medicine holds that only the scientific training of the physician is adequate to cope with the multitudinous facets of mental illness, many of which are expressed in physical terms.

While the C.M.A. took the unpopular public position of opposing the 1955 legislation, and thus incurred the wrath of many well-meaning people, it proposed to the State Legislature that the problem be given further study; it also promised to investigate the entire problem on its own and to come up with a proposal which would meet the need for community mental health services and protect both the communities involved and the scientific approach to the problem.

Such a proposal was evolved by the C.M.A. Committee on Mental Health, working with legal counsel and legislative representatives. This program was embodied in Senate Bills 244 and 245 of the 1957 State Legislature, both of which were passed by the Legislature and signed by the governor. Both bills found practically unanimous approval among the

California MEDICAL ASSOCIATION

NOTICES & REPORTS

Council Meeting Minutes

Tentative Draft: Minutes of the 426th Meeting of the Council, Mark Hopkins Hotel, San Francisco, July 13, 1957.

The meeting was called to order by Chairman Lum in the Argonaut Room of the Mark Hopkins Hotel, San Francisco, on Saturday, July 13, 1957, at 9:30 a.m.

Roll Call:

Present were President MacDonald, President-Elect West, Secretary Daniels, Editor Wilbur, Speaker Doyle, Vice-Speaker O'Neill, and Councilors MacLaggan, Wheeler, Foster, Pearman, Harrington, McPharlin, Sherman, Lum, Bostick, Teall, Kirchner, Reynolds, Varden, Heron and Rosenow.

Absent for cause: Councilors Carey and Wadsworth.

A quorum present and acting.

Present by invitation were Messrs. Hunton, Thomas, Clancy and Gillette of C.M.A. staff; Messrs. Hassard and Huber of legal counsel; Messrs. Read and Salisbury of the Public Health League of California; county society executive secretaries and assistants Geisert of Kern, Dochterman of Alameda-Contra Costa, Young and Pettis of Los Angeles, Bannister of Orange, Marvin of Riverside, Foster of Sacramento, Donmyer of San Bernardino, Nute of San Diego, Neick of San Francisco, Donovan and Colvin of Santa Clara, and Pearce of San Joaquin; Doctors J. L. Ludwig, Francis J. Cox, Walter E. Batchelder, Lewis T. Bullock, Malcolm Merrill, Wilbur Bailey and others; Doctor Jay Ward Smith, associate dean of Stanford Medical School; Doctor William Gardenier and Messrs. K. L. Hamman, Richard Lyon and Wilson Wahlberg of California Physicians' Service; Mr. Fred O. Field, legal counsel of the Los Angeles County Medical Association; Messrs. Herbage and Moller of the State Department of Social Welfare, and several physician members of committees meeting simultaneously.

Postgraduate Education Courses for 1958 Annual Session

An innovation in C.M.A. meetings is being planned for the 1958 Annual Session. It is proposed to offer three postgraduate education courses of 12 hours each in connection with the scientific meetings. It is expected that official credit would be given for these courses.

As now planned, each of the three medical schools in Southern California would put on a course of three hours daily for the four days of the meeting.

Present plans call for University of Southern California to handle a course on liver diseases. U.C.L.A. Medical School would present a course on abdominal pain and College of Medical Evangelists would take charge of a series on management of trauma.

It is planned to make an admission charge for these courses, although the full details remain to be worked out.

Further announcements will be made when plans are completed.

1. *Minutes for Approval:*

(a) On motion duly made and seconded, minutes of the 424th Council meeting, held April 27 to May 1, 1957, were approved.

Contaminated Water May Play Role in Polio Spread

When an outbreak of polio occurs in a specific area within a community, it may be caused by pollution of the area's drinking water, three Nebraska researchers said recently.

While a community's water may be judged safe at pumping stations and other regular testing sites, it may become contaminated within a small area of the distribution system. Therefore, the water in an outbreak area should be tested and, if necessary, boiled before drinking, they said in a recent issue of the *Journal of the American Medical Association.*

Dr. Paul M. Bancroft, Warren E. Engelhard, Ph.D., and Dr. Charles A. Evans, Lincoln, Neb., studied an unusual polio outbreak occurring in the summer of 1952 in Huskerville, a community of University of Nebraska students and their families near Lincoln.

All but two cases, one paralytic and one non-paralytic, occurred in two and one-half of the four rows of barracks-like buildings. During a five-week period, more than 10 per cent of the 347 children in the affected two and one-half rows developed poliomyelitis and 4.6 per cent suffered paralytic polio. During this same period, there were no cases among the 256 children residing in the adjoining section of the village.

The persons living in the village were "strikingly select," in that they were of approximately the same age and of the same cultural, social and physical backgrounds. There were no geographical or social barriers and no biological or other environmental features that accounted for the unusual distribution of cases. Measles and chickenpox spread through the same community without any higher incidence occurring in particular areas, the authors said.

A variety of evidence pointed to pollution of the water supply within the affected area as "the sole factor" which could be used to explain the disease distribution, they said.

Contaminated water has long been suggested as a mode of spreading polio; however, there has been no convincing evidence presented that pollution of a community water supply was responsible.

In the Huskerville outbreak, it appears that it was not the community water system, but only water near the affected individuals that was contaminated. If this is true, it means that the role of water in the spread of polio must be reexamined, the authors said.

Institutional epidemics or the clustering of cases in certain buildings or even in certain parts of buildings, or in certain small villages, might be ex-

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Contaminated Water May Play Role in Polio Spread

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plained if pollution of water near individuals is an important factor, they said.

Until the significance of "proximate pollution" of water in the spread of polio can be evaluated, the boiling of drinking water in the home is a measure that should be considered as one precaution of possible value in prevention of the disease in times of epidemic, especially when it is remembered that cross connections and other conditions favoring localized contamination of water supplies are still common in many water systems, they concluded.

American Medical Association Surveys Organized Home Care Programs

While "organized home care programs" sponsored by hospitals or health and welfare groups are not really new, they are receiving more attention now than ever before.

Because the number of such programs will probably grow during the next few years and many physicians will be involved in organizing them, the committee on indigent care of the American Medical Association's Council on Medical Service surveyed the work of 31 programs now in operation. The report appeared in a recent issue of the *Journal*

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Wider Use of Tuberculosis Vaccine Recommended

In spite of the dramatic drop in deaths from tuberculosis in recent years, the disease continues to be a major health problem in many areas.

One way of combating the problem—mass vaccination of susceptible persons with BCG vaccine—was recommended in an article and editorial in a recent issue of the *Journal of the American Medical Association.*

The article was prepared by the medical advisory committee of the Research Foundation of Chicago. The foundation helps other organizations and individuals in developing methods and materials for preventing tuberculosis.

BCG vaccine derives its name, Bacillus Calmette-Guerin, from two French scientists who pioneered its development 30 years ago. Given to healthy persons, the vaccine causes the body to develop immunity to tuberculosis. Revaccination is necessary about every four years.

Some 150 million persons have been vaccinated with BCG throughout the world, and in many countries BCG vaccination is mandatory. Extensive studies have shown a "marked reduction" in the incidence of tuberculosis in vaccinated persons as compared with nonvaccinated persons.

BCG vaccination has not been used extensively in the United States, even though the American Trudeau Society has recommended that it be used for those individuals who will be unavoidably exposed to tuberculosis, for groups considered to have inferior resistance, and for those living in communities with unusually high tuberculosis mortality rates. These recommendations have been supported by the National Tuberculosis Association, the U. S. Public Health Service and the A.M.A.'s Council on Drugs.

There have been several objections to the use of BCG vaccine in the United States, including whether there is really a need for it and whether it is effective.

The number of newly reported cases of tuberculosis remains high, in spite of drops in the death rate. In fact, there were as many—100,000—newly reported cases in 1954 as in 1930. The number of districts in large cities where the incidence of newly reported cases is four or more times that of the national average also shows that the disease is "still a serious problem" and that an effective vaccine would be of material aid in controlling the disease in these areas, the article said.

Studies in England and Canada and among U. S. negro, white and Indian populations have shown that the vaccine is effective in preventing infection. The most recent and best controlled study is that conducted among nearly 56,000 English school chil-

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American Medical Association Surveys Organized Home Care Programs

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of the American Medical Association.

With organized home care programs, patients who would have to be hospitalized, even though not requiring all the facilities of a hospital, are provided with medical, nursing, social, and rehabilitative services in their own homes.

These services are coordinated by one central agency, which may be a hospital, a medical school, a visiting nurse association, or a public health organization.

Some of the current programs were originally established to offset a shortage of hospital beds, to meet the high cost of hospital care, or as a teaching method. However, the scope of the programs has broadened. The programs now are considered the "best means" of providing for patients convalescing from acute illness; patients too sick or disabled to go to an outpatient clinic but not enough to be in the hospital; chronically ill or indigent persons who do not require hospital care; patients who had been hospitalized because they had no other place to go, and patients whose psychological and emotional needs would be more readily met if they remained in the family.

The programs attempt to provide the indigent with a quality of care and a range of services not

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American Medical Association Surveys Organized Home Care Programs

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normally available; to shorten the length of hospitalization; to meet the needs of a growing number of chronically ill and aged patients who do not require institutional care, and to provide the family physician with a single source from which he can obtain a comprehensive array of services for his patient.

Medical and nursing services are provided in all the programs; so are various social services, such as helping the family obtain necessary financial aid. Physical, occupational, and speech therapy are provided by some programs. Medicines and medical supplies are provided in 29, while homemaking services (including meal planning and preparation and child care) are given in 28. Health education, including instruction in patient care and nutrition and meal planning, are given in 27. Hospital equipment and supplies are provided in 30.

Other services may be home teaching of children on the program, psychological testing, and psychiatric consultation.

The programs are financed by a variety of sources, including allocations from the administrative agency, grants given directly for the program, payments by welfare departments on behalf of specific patients, payments from patients for services received, and tax money.

Wider Use of Tuberculosis Vaccine Recommended

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dren. The expected rate of infection was reduced by 82 per cent among those receiving the vaccine.

The article quoted one author as saying, "If we accept the conclusion that BCG vaccine may effect an average of 80 per cent reduction in the incidence . . . BCG then becomes one of the most effective vaccines available for the protection of man against an infectious disease."

In conclusion the article said that even though such a program might have a favorable influence on the rate of disease in certain areas, it should not be considered a substitute for the usual tuberculosis control methods. The detection, isolation and treatment of active cases must be recognized as the most effective control methods, with BCG vaccination as a useful adjunct.

NEED A NEW ASSISTANT?

Read California Medicine's Classified Advertising

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CLASSIFIED ADVERTISEMENTS

(Continued from Front Advertising Section Page 54)

SITUATIONS WANTED (Continued)

DIPLOMATE AMERICAN BOARD OF PHYSICAL MEDICINE AND REHABILITATION. Age 38. Wants position with large hospital or clinic. (Clinical, research, or teaching position). California license. Box 93,610, California Medicine.

RESIDENTS WANTED

ANESTHESIOLOGY RESIDENCY—One position open now, another available January 1, 1958, for two year fully approved program in 500-bed charity hospital. $260.00 monthly. Write: Medical Director, Santa Clara County Hospital, San Jose, California.

RESIDENCY IN INTERNAL MEDICINE AVAILABLE—250 bed general hospital with large clinic and comprehensive teaching program. 3 year approval. Excellent opportunity for teaching and subsequent practice. North American graduates or California licensees only. Contact Mr. Joseph Zem, 1580 Valencia Street, San Francisco 10, California.

RESIDENCY IN SURGERY AVAILABLE—250 bed general hospital with large clinic and comprehensive teaching program. 3 year approval. North American graduates or California licensees only. Contact Mr. Joseph Zem, 1580 Valencia Street, San Francisco 10, California.

LOCUM TENENS WORK WANTED

LOCUM TENENS IN ORTHOPEDIC SURGERY in Southern California, November and December, or January and February. Possible permanent association. Box 93,630, California Medicine.

PRACTICES FOR SALE

FOR SALE: ACTIVE GENERAL PRACTICE and modern style new building with central refrigerated air conditioning and heating. Completely equipped with the latest and highest quality equipment, fixtures and furnishings. Has 2 offices with adjoining treatment rooms, 2 toilets, 2 change rooms, laboratory, surgery, pediatric room, therapy room, recovery room, and large leisure room. Grounds are landscaped with ample owner parking. Located in the center of Barstow, one of the most prosperous and fastest growing areas in Southern California. Present owner retiring. Can be financed. Box 93,435, California Medicine.

ARIZONA: EXCELLENT GENERAL PRACTICE location available immediately, Southeast Arizona. Ideal year-around climate. Choice office for rent, wish to sell equipment only. Records available. 1956 gross $68,000.00. Hospital facilities with surgical privileges available. Am leaving to specialize. Box 93,635, California Medicine.

GENERAL PRACTICE—RIVERSIDE COUNTY. Small town actively growing. Gross income $45,000. Pleasant professional relationships. Excellent hospital with privileges commensurate with training and experience. Prefer 30 to 40 year old AAGP. 2,000 ft. space, completely equipped and furnished medical building including X-Ray and Laboratory. Will sacrifice for quick sale or lease. Only small down payment required. Leaving to specialize. Box 93,640, California Medicine.

PEDIATRIC PRACTICE—Established 6 years. Large, busy practice, California town 20,000, 20 minutes from coast, 2 hours from San Francisco. Owner returning to academic medicine. Will introduce. Box 93,600, California Medicine.

APPARATUS FOR SALE

2 K.V. PIKER THERAPY UNITS, Used 343 hours, with light localizer. 1 superficial therapy unit with cones and table. Floor-ceiling tube stand and rotating anode tube, cables and flat bucky table. Office and incidental X-ray equipment. Box 93,660, California Medicine.

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Study Shows "Patchwork" of Chemical Laws

A recent American Medical Association study showed a "patchwork" of state and federal laws regarding the labeling of hazardous chemicals, and pointed up the need for a uniform law.

Bernard E. Conley, Ph.D., secretary of the A.M.A.'s committee on toxicology, said his committee and the A.M.A. law department conducted the study in preparation for drafting a model chemical labeling law. A fall conference of interested parties in government, industry and medicine is planned to draft the model law, which will then be submitted to legislative bodies.

The proposed legislation is intended to reduce careless and ignorant handling of potentially harmful products in and around the home, in small businesses and in other areas where control of overexposure to chemicals is not as efficient as in the manufacturing process, Conley said.

The law will require informative labeling, including listing of possibly harmful ingredients, their potentialities for harm, directions for safe use, and first-aid instructions.

At present all the states require labeling of narcotics; 93 per cent of drugs, and 85 per cent of pesticides. However, only 52 per cent require labeling of caustics and 10 per cent of industrial chemicals. Only New York, Indiana, Kansas and Connecticut regulate hazardous substances in household products.

At the national level, there are several chemical laws, including the Food, Drug and Cosmetic Act of 1938; the Insecticide, Fungicide and Rodenticide Act of 1947, and the Federal Caustic Poisons Act of 1927. In addition, the Interstate Commerce Commission and the Post Office Department have regulations regarding labeling, uses and transportation of chemicals.

The hodge-podge of laws is confusing and leads to omission of many necessary regulations, Conley said. For instance, only 10 of 25 state caustic acid laws are similar to the Federal Caustic Poisons Act. The federal act itself is limited to only 12 caustic and corrosive acids and alkalies in specified concentrations, of which some are known to be hazardous in lower concentrations. In addition, many dangerous acids and alkalies are not even included in the law.

Of the 46 states with drug laws, only 19 conform to the Federal Food, Drug and Cosmetic Act of 1938, even though 40 per cent of all drugs sold are confined to intrastate commerce, Conley said.

All but four states have poison laws or regulate the sale of poisons in some way. Only five states (California, Oregon, Illinois, New York and New Jersey) require precautionary labeling of chemical products used in industrial establishments. Other states have special laws regulating specific individual chemicals. In fact, there are 16 types of these special

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Study Shows "Patchwork" of Chemical Laws

(Continued from Page 84)

laws and some states have as many as five such statutes.

"By and large there is greater agreement between state and federal laws" in the area of pesticides than in any other major class of chemical products, Conley said. Forty-three states have laws governing the sale and distribution of pesticides.

The need for a uniform law is quite apparent, he said. Uniformity not only will offer greater protection to the users of chemicals, but will facilitate educating the public to the significance of warning labels. It will also avoid the need for special packaging and labeling for each state, thus easing distribution and decreasing the cost of chemical products.

Medical Aspects of Arctic Trip

A physician who spent 100 days isolated on the Greenland Ice Cap with five other scientists said recently that respiratory ailments were the most common medical problems and aspirin the most frequently used medication.

The most interesting case occurred after 40 days of isolation, Dr. Robert W. Christie, Brookhaven National Laboratory, Upton, N. Y., said in a recent issue of the *Journal of the American Medical Association.*

The expedition leader developed an influenza-like illness three days after the group received an air drop of supplies. The disease apparently was transmitted by the man's personal mail, Dr. Christie said, since all the other materials dropped were handled by the other men, none of whom became ill. There was no evidence of other means of contracting the disease.

In 1955 the scientists traveled almost 1,200 miles (400 miles through unexplored regions) and collected data in the fields of glaciology, geophysics, bacteriology, physiology and mechanical engineering. The temperatures ranged between 31°F. and —31°F. and the altitude ranged to 12,000 feet.

Dr. Christie made his report because it "may be of interest to physicians participating in polar explorations during the International Geophysical Year and to those interested in the effects of unusual environments on man."

During the 100 days there were 61 medical visits. None of the diseases were serious and most were treated with relatively common drugs. The ailments included sinusitis, sore throat, common cold, bloody nose, stomach upsets, muscle strain, ingrown toenail, burns, cold sores, headache, motion sickness, frostbite, snow blindness, and back strain.

Three members developed diarrhea, "an exceed-

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Pacifier Returning to Popularity

The baby's pacifier, long condemned as unsanitary, tooth-deforming and disease-producing, is making a comeback.

Today many pediatricians and dentists are beginning to look on the pacifier as "at least a partial answer to the vexing problem of how to prevent prolonged thumbsucking and the dental disfigurement it often causes," according to an article by Peter C. Goulding, Chicago, an American Dental Association staff member.

He said bacteriological studies have shown that pacifiers are actually more sanitary than the thumb. In addition, because of their soft texture, pacifiers are far less likely than the thumb to force the teeth out of position.

Perhaps the most persuasive point in favor of pacifiers is the fact that children apparently give them up earlier and with less trouble than they do thumbsucking, Goulding said. One study showed that 28 children spontaneously gave up the pacifier at the average age of 14 months, he said in a recent issue of *Today's Health*, the American Medical Association's popular health magazine.

Most authorities agree that a "basic instinct of sucking" is apparently one of the factors behind the start of thumbsucking. The pacifier helps satisfy this need.

The article quoted Dr. Maury Massler, head of the department of pedodontics at the University of Illinois College of Dentistry, who pointed out that thumbsucking in itself is not bad. But when it is practiced vigorously and during the eruption of the permanent teeth, malformation of the teeth can result.

CLASSIFIED ADVERTISEMENTS

(Continued from Page 84)

OFFICES FOR SALE, RENT OR LEASE

FOR RENT—Location for specialist in growing community in centrally located Medical Building in suburban metropolitan area of Oakland, California. Excellent opportunity for dermatologist, neurosurgeon, obstetrician-gynecologist, orthopod, otolaryngologist, pathologist, pediatrician, radiologist, urologist. Reasonable rent. Now available. San Leandro Medical Building Co., 1556 Leonard Drive, San Leandro, California. TRinidad 2-9200.

OWN YOUR OWN OFFICE—A Professional Center with secluded atmosphere, still centrally located within Walnut Creek City Limits. Construction loan financing and plan service for fully improved and landscaped lots plus huge parking area. Reservations on this approved, restricted subdivision now being accepted. Call or See KING PARKER, JR., 1638 Main St., Walnut Creek, Calif., YE 4-2497.

EXPANSION OF THE DIABLO MEDICAL ARTS BUILDING, Pleasant Hill, is planned. We now have 2 GP's, 2 OB-GYN, 2 dentists, 2 pediatricians, an internist, allergist, urologist, 2 surgeons. Eye, psychiatrist, ENT, orthopedist, are needed. Another pediatrician, internist, or dentist, would be welcomed. Plan your own suite. For further information write or call Irving Fine, M.D., 2100 Monument Boulevard, Pleasant Hill, California. YEllowstone 5-1584.

ATTENTION: OBSTETRICIANS, PEDIATRICIANS, AND GENERAL PRACTITIONERS. Medical suites will be built and made available July 1, 1958, or before if desired, in an area of 21,000 people located in Northern California, which is welcoming 3,500 new people every month. For information write to: Medical Suites, 1462 Beryl Street, San Diego 9, California.

PENINSULA LOCATION—Medical building for lease. Just completed. Has 15 rooms built into 3 separate but adjacent offices, one suite now occupied. Full parking facilities, also a completely equipped modern pharmacy. Ideal for a group of doctors. Rent far below prevailing rentals. Telephone DE 4-0267 or write to A. A. Tragerman, 375 Stonecrest Drive, San Francisco, California.

ALL OR PART OF 688 SQ. FT. AVAILABLE in new completely occupied Medical-Dental Building adjacent to enormous Hillsdale shopping center and Villa Motel in San Mateo. Dr. James D. Jacoby, 19 West 39th Avenue, San Mateo, California. Telephone: FIreside 5-5794.

FOR LEASE: October. Modern medical suite. Excellent established location. 193 Arch Street, Redwood City, California. M. H. Ryan, D.D.S.

REDWOOD CITY in heart of medical zone now leasing three large doctors' suites, 5 rooms each, parking facilities. New Building. Rents below prevailing rentals. Adjustment will be made if your present lease conflicts with plans for immediate change. Telephone EMerson 9-1771 or write 1040 Brewster Avenue, Redwood City, California.

FOR LEASE: MODERN MEDICAL SUITE. Established location for Dermatology. Peninsula below San Francisco. Box 93,620, California Medicine.

PALO ALTO NEW MEDICAL DENTAL SUITES READY IN OCTOBER. Alma Street and East Meadows Drive. Very attractive building on ground floor within extensive landscaped area. Ample off-street parking, and located in fast growing section away from congestion. Air conditioned. E. J. Nackord, Owner. P. O. Box 601, San Carlos. Descriptive brochure available.

MODERN MEDICAL-DENTAL OFFICE, bungalow style, consisting of five (5) rooms, bath, wall heater, utility closets. Physician's private office has separate entrance. No parking problems. Excellent location. Will lease for $125.00 per month, plus utilities. Contact: Mrs. James G. Morrow, 418 Broadway, Santa Cruz, California, or telephone GA 3-1793.

FOR LEASE IN OXNARD, CALIFORNIA. Five room suite in modern Medical Building, available immediately. Rapidly growing community. Off street parking. Excellent location for Specialist or General Practitioner. Reasonable rent. Telephone, HUnter 6-1913, or write Box 93,655, California Medicine.

BOOKS RECEIVED

(Continued from Front Advertising Section Page 34)

PSYCHOSOMATIC MEDICINE—A Clinical Study of Psychophysiologic Reactions — Third Edition — Edward Weiss, M.D., Professor of Clinical Medicine, Temple University; and O. Spurgeon English, M.D. Professor and Head of Department of Psychiatry, Temple University. W. B. Saunders Company, Philadelphia, 1957. 557 pages, 8 figures, $10.50.

REGULATION AND MODE OF ACTION OF THYROID HORMONES—Ciba Foundation Colloquia on Endocrinology —Volume 10, G. E. W. Wolstenholme, O.B.E., M.A., M.B., B.Ch., and Elaine C. P. Millar, A.H.-W.C., A.R.I.C., Editors for the Ciba Foundation, Little Brown and Company, Boston, 1957. 311 pages, 114 illustrations, $8.50.

SCHIZOPHRENIA IN PSYCHOANALYTIC OFFICE PRACTICE—The Society of Medical Psychoanalysts 1956 Symposium—Alfred H. Rifkin, Editor. Grune & Stratton, Inc., New York, 1957. 150 pages, $4.00.

SCIENCE LOOKS AT SMOKING—A New Inquiry into the Effects of Smoking on Your Health—Eric Northrup—Introduction by Dr. Harry S. N. Greene, Chairman Department of Pathology, Yale University. Coward-McCann, Inc., 210 Madison Avenue, New York 16, N. Y., 1957. 190 pages, $3.00.

SCOVILLE'S—THE ART OF COMPOUNDING—9th Edition—Glenn L. Jenkins, Ph.D., Dean and Professor of Pharmaceutical Chemistry, Purdue University; Don E. Francke, D.Sc., Chief Pharmacist, University Hospital, University of Michigan, Ann Arbor, Michigan; Edward A. Brecht, Ph.D., Dean and Professor of Pharmacy, University of North Carolina; and Glen J. Sperandio, Ph.D., Associate Professor of Pharmacy, Purdue University. The Blakiston Division, McGraw-Hill Book Company, Inc., New York, 1957. 551 pages, $11.00.

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UROLOGICAL SURGERY—Third Edition—Austin Ingram Dodson, M.D., F.A.C.S., Richmond, Virginia, Professor of Urology, Medical College of Virginia. The C. V. Mosby Company, St. Louis, 1956. 868 pages, $20.00.

X-RAY TECHNOLOGY—Charles A. Jacobi, B.Sc., R.T. (A.R.X.T.), M.T. (A.S.C.P.), M.T. (A.M.T.), Head, X-Ray Technology, Oregon Technical Institute, Oretech, Oregon; and Donald E. Hagen, R.T. (A.R.X.T.), Instructor, X-ray Technology, Oregon Technical Institute. The C. V. Mosby Company, St. Louis, 1957. 410 pages, $9.75.

Medical Aspects of Arctic Trip

(Continued from Page 90)

ingly unpleasant occurrence in polar regions," and all became anemic soon after setting out. This occurred despite excellent food, including large amounts of beef eaten almost daily.

The drugs used included aspirin for headache and muscle and joint aches; phenylephrine (neosynephrine) hydrochloride for sinusitis; paregoric for diarrhea; salt water gargle for sore throat; cod liver oil ointment for burns and frostbite, and various antibiotics and sedatives.

There were no serious emotional problems, although at times psychological stresses were fairly severe and there were numerous minor personality clashes, Dr. Christie said. The many and varied duties of the members preserved morale most of the time.

Although his medical problems were not serious, Dr. Christie feels that it is advisable to maintain the traditions of Arctic exploration by including a qualified physician in any self-sufficient polar expedition traveling in dangerous or unknown territory.

Weather conditions may prevent use of air-rescue facilities. During one period on the ice cap, it would have been impossible for an air-rescue group to have reached the project for eight consecutive days and extremely hazardous for a week thereafter.

"In polar regions a minor injury is a serious affair and a major injury may be a mortal one," he said. Low temperatures, increased altitudes and lack of external heat complicate injuries that could easily be cared for in other climates.

A physician becomes almost a necessity, for "a mishap in the 20th century is equivalent in seriousness and mortality to a mishap in the Middle Ages if 20th-century medical technique and knowledge are not at hand," he concluded.

Requirements for Premarital Examinations

Requirements for premarital examinations in the states and territories of the United States and the provinces of Canada—1957, has been compiled by the State of California Department of Public Health in response to a demonstrated need for a ready reference to the varying laws for different jurisdictions. Physicians, public health workers, marriage license clerks, and others should find this summary helpful in answering inquiries from persons planning to be married in states, territories, or provinces other than their own.

Copies of the booklet, if needed, may be obtained by addressing inquiries to: Bureau of Health Education, California State Department of Public Health, 2151 Berkeley Way, Berkeley 4, California.
